

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DL	70029	3/19
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim		Date										
Final	Original	1	2	3	4	5	6	7	8	9	10	11
1	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	10	0	0	0	0	0	0	0	0	0	0	0
11	11	0	0	0	0	0	0	0	0	0	0	0
12	12	0	0	0	0	0	0	0	0	0	0	0
13	13	0	0	0	0	0	0	0	0	0	0	0
14	14	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
15	15	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
16	16	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17	17	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
18	18	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19	19	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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24	24	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
25	25	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
26	26	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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Claim		Date										
Final	Original	1	2	3	4	5	6	7	8	9	10	11
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Claim		Date										
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If more than 150 claims or 10 actions
staple additional sheet here

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